

DEPARTMENT OF THE NAVY
Bureau of Medicine and Surgery
Washington, D.C. 20390

BUMED 5510
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1 July 1964

BUMED NOTICE 5510

From: Chief, Bureau of Medicine and Surgery
To: All Ships and Stations Having Medical Personnel
Subj: Personnel Effectiveness; recommendations for conducting day-to-day evaluations on personnel from a reliability viewpoint
Encl: (1) Subject Personnel Effectiveness Recommendations and Information

1. Purpose. This Notice with enclosure provides information to Medical Department personnel for use in the human effectiveness and reliability programs. This information should also be made available to commanding officers and other line and leadership personnel for their use as appropriate and be combined with the information available to them through OPNAVINST 5510.83 and BUPERSINST 5510.11A. (This information is not intended to result in the development of "amateur psychiatrists" or to cause undue searching out of individuals who may or may not possess certain degrees of characteristics mentioned in enclosure (1), however, it should be helpful in the evaluation of personnel which may be indicated if a question has been raised as to their personnel effectiveness and/or reliability).

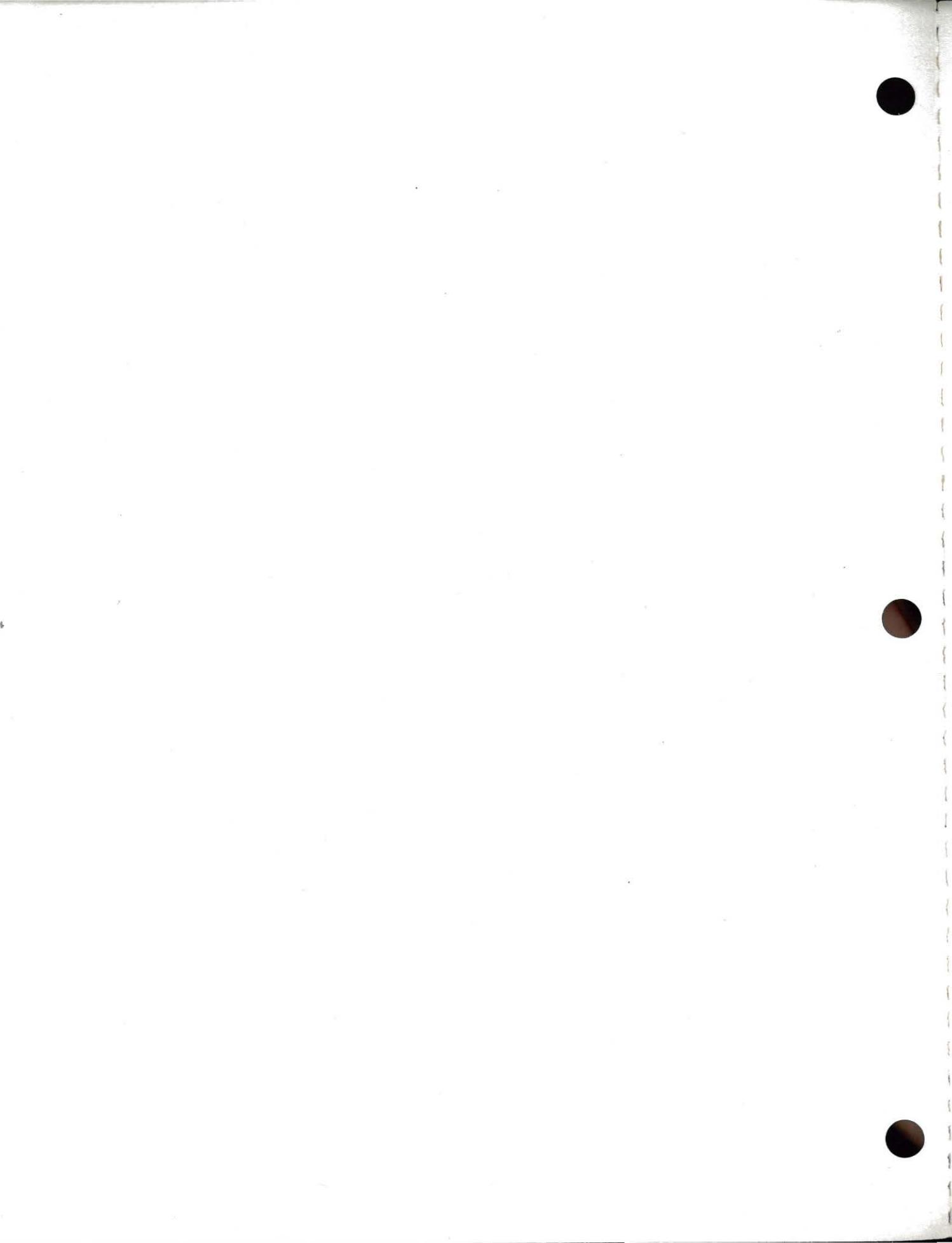
2. Action. Addressees should retain copies of this information and make it available to appropriate line and leadership personnel until such time as a joint BUPERS and BUMED manual on this subject, now in preparation, is completed and disseminated.

3. Cancellation. This Notice is cancelled upon receipt of the above mentioned joint BUPERS and BUMED manual, or for record purposes on 30 June 1965.



R. B. BROWN
Acting

Additional copies of this Directive
may be obtained from:
Bureau of Medicine and Surgery, Code 4522



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Enclosure (1)

PERSONNEL EFFECTIVENESS

Recommendations for Conducting Day-to-Day Evaluations
on Personnel from a Reliability Viewpoint

1. Purpose. To provide line officers, medical officers and Medical Department representatives with recommendations, information and guidelines in conducting the day-to-day evaluations of effectiveness and reliability, particularly of those personnel assigned duties involving nuclear weapons, nuclear weapons systems or other "sensitive" positions.

2. Background. OPNAVINST 5510.83 and BUPERSINST 5510.11A adequately detail procedures for screening of officers and enlisted personnel prior to being assigned to a reliability assignment. The need for "continued day-to-day surveillance" of these personnel and their overall performance is generally acknowledged but should be emphasized. This document will outline some of the characteristics personnel may exhibit such that their "reliability" and assignment in a sensitive position should be questioned and further professional assistance be indicated in evaluating their "reliability." This pamphlet will also be extremely valuable in recognizing unreliable characteristics in personnel who are not being considered for, or assigned to, a reliability billet. However, it should also be emphasized that all individuals who are found temporarily or essentially permanently unfit for a "reliability" assignment are not automatically unfit to perform other useful service in the Navy. Past experience, training and needs of the service would be important in such a decision.

3. Identification of Medical Records. All officer and enlisted personnel medical records assigned to a sensitive or "reliability assignment" will be identified as follows:

a. The front cover of the health record will be stamped:

RELIABILITY ASSIGNMENT (Do not specify whether CRITICAL or LIMITED) (Indicate name of ship or station)

b. Each H-10 sheet required during this assignment will be stamped with the identifying information required by paragraph 8a of BUPERSINT 5510.11A. (Every effort should be made to insure that medical reports of consultations or sick call visits to medical activities other than the parent command or medical activity having custody of the health record are properly forwarded, and particularly so where any condition is evaluated or treated which could adversely affect the reliability of the individual).

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c. Each sick call entry of individuals in a "reliability assignment" will be brought to the attention of the senior medical officer or Medical Department representative of the subject's command.

d. If the traits described herein are displayed to the extent that reliability may be impaired, the man should be immediately removed from a reliability assignment, and competent medical personnel contacted as soon as possible.

e. When individuals are removed or transferred from a "reliability assignment" an appropriate entry will be made in the health record along with a brief entry documenting the reasons. In addition, the stamped identification on the front of the health record will be deleted by stamping over it "CANCELLED."

f. It must be kept in mind that this same individual with the proper leadership may be an effective worker in another duty assignment.

g. Wherever practicable medical records of dependents, particularly wives, should also be marked and/or evaluated, as appropriate.

4. Discussion. Any attempt to document criteria used in the evaluation of human behavior obviously cannot be all inclusive or foolproof.

a. Basically any evaluation must be based on an individual's past behavior and performance. Therefore, the service records will have been reviewed and will document acceptable performance ratings without significant evidence of disciplinary action. The health record will have been reviewed and found to contain no history or evidence of emotional illness.

b. Although prior screening has approved a member for a "reliability assignment," this does not preclude his developing some emotional difficulty which could adversely affect his "reliability assignment." This adverse affect could be temporary or permanent.

c. Therefore, the continued personnel surveillance and reliability evaluation by commanding officers or designated line representatives, the medical officer or the Medical Department representative is essential.

d. Screening the health and service records on a continuing basis is essential; however, probably the single most important factor in being able to recognize early symptoms of unreliability is for the responsible senior to "know his men." It is the responsibility of the Naval leader, whether this be the commanding officer, division officer, or leading petty officer, to be genuinely concerned for the

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whole man. This can best be accomplished by adhering to the following basic leadership practices:

(1) Always be accessible to your subordinates; be willing to discuss their problems.

(2) Personally conduct an interview with each of your subordinates; tactfully find out about each of your men - is he married? Is his family on station with him? Are members of his immediate family in good health?

(3) If you are the division officer or leading petty officer, maintain a "Division Officer's Notebook." Keep current the man's training level, leave periods, job assignments, and so forth.

5. Psychiatric Conditions as Related to Reliability Identification of Obvious Disorders

a. It is readily apparent that following a review of all official military records and interview of the service member, the presence of any of the following should raise serious doubt or preclude the granting of a "reliability assignment":

(1) History of accident proneness.

(2) Verbalized or acted-out hostility toward authoritative figures, socially accepted codes of ethics, or country.

(3) History of serious mental or emotional disorders.

(4) Inability to understand or execute directions or orders.

(The majority of the above conditions should be picked up at pre-screening levels).

b. Necessity for Observation and Cooperation. With consistent observation by competent leadership at all echelons, continuing evaluation becomes possible without becoming an amateur psychiatrist and not greatly time consuming. Cooperation of personnel directors and medical officers is essential and provides a framework for timely effective action when indicated.

c. Identification of Latent Emotional Disorders. This category is more difficult to recognize and yet probably is the most important to recognize. Since this task will principally fall on the line officer or responsible senior, it is important to set forth, in lay language, clues which could prove helpful in evaluating a member's

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reliability. This material should assist the responsible superior to objectively evaluate observed behavior or critically evaluate indirect reports which are reported to him. There will undoubtedly be incidents in which malicious or destructive acts are committed for which no warning clues were present. Therefore, it is essential that, by early identification of a reliability risk, these accidents be minimized, although it must be recognized that their absolute elimination is not humanly possible.

6. Psychotic Disorders. Psychotic is synonymous with "insane." Such conditions are usually characterized by some or a combination of the following.

a. Affective or mood changes to degrees which are inappropriate to what the individual may be doing or saying. For example, his facial expression may evidence happiness while describing the recent death of a close relative.

b. Stream or content of speech. Individuals who talk very rapidly and jump from topic to topic without any apparent reason or continuity are showing evidence of anxiety to a potentially serious degree.

c. Delusions or hallucinations may be evidenced when the individual begins to talk about how important and powerful he, i.e., that he may believe he is God, Napoleon or Hitler, etc. The individual may also believe and express thoughts that others are out to do him harm, or might attempt to kill him. Some individuals may admit that information in books, magazines, radio or television have "special reference" to themselves and may act accordingly. Hallucinations, unless admitted to, are difficult to identify, but those who stare, smile or apparently talk to themselves frequently may be responding to "voices."

d. Individuals who show a marked reduction in social contacts with shipmates, talk little or appreciably less, become seclusive, remain in bed, refuse to eat, bathe or change clothes regularly, or remain in the same position for a prolonged period of time may also be demonstrating evidence of deterioration in their mental health.

7. Paranoid Traits. The following clues, seen in the behavior of the paranoid group of reactions, are not of themselves in any single instance diagnostic since many of the traits enumerated are sometimes seen in normal everyday behavior. These traits may occasionally be observed in individuals who are or have been very capable, productive and effective. Frequently there may also be actual "reality" aspects for some of their actions or complaints. However, the observation of several of these traits in a single individual should arouse the

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concern and special interest of the responsible supervisor or superior.

a. Arrogance - wherein the individual assumes or presumes the possession of superior, unique or bizarre abilities, ideas or theories.

b. Lack of humor - especially the inability to laugh at one's self or one's mistakes or weaknesses.

c. Constant jealousy, suspicion and envy.

d. Inflexibility - especially in accepting new ideas originating among others.

e. Preoccupation with one or more ideas, to the relative exclusion of almost all other thoughts, so that relationships with others are strained and range of interests severely narrowed.

f. Sensitivity related to status where the individual is overly concerned with being left out, ignored, ridiculed or talked about.

g. The tendency to develop and hold grudges and inability to overlook or forget unimportant differences of opinion.

h. Over-alertness to real or fancied personal slights or departures by others from codes or regulations.

i. Preoccupation with historical, factual references relating to the individual's intense belief in his special competence or capability.

j. Exaggerated tendency to argue - often accompanied by the development of a personal logic to support a view usually not held by others.

k. Hypochondriasis (physical complaints) and resultant disagreement with doctors who are pictured as not understanding. Such bodily concerns are often intensified and may be bizarre and, in fact, can be delusional in character.

l. Legal or quasi-legal controversy about pay, time, accidents, unsatisfactory purchases or matters of authority. This is often seen in conjunction with "letters to the editor" or "to the president of the company" or to the division or commanding officer.

m. Common factors to all the above are poorly controlled chronic hostility and suspicion which may or may not be easily discerned.

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In military (war) situations, this chronic hostility may be drained off by reason of the military assignment, but there are generally not such opportunities in peacetime.

8. Personality Disorders. These disorders are characterized by developmental defects in the personality structure. An individual with this difficulty evidences little anxiety or distress himself. However, such individuals have the ability to irritate their associates. Historically, their immature, impulsive actions usually can be traced back to early childhood. For example, an accurate history would ordinarily reveal some combinations of the following behavior during childhood:

- a. Feeding Problem.
- b. Bed-wetting beyond the early adolescence (12 to 14 years).
- c. Prolonged temper tantrums.
- d. Sleepwalking, stuttering, nailbitting.
- e. Poor school adjustment, expelled, drop-out, failed one or more grades, truant, or running away from home.
- f. History of prolonged and excessive stubbornness and/or procrastination.
- g. Difficulty with civil law enforcement officials.
- h. History of frequent job changes with failure to adjust and always blamed on someone else.
- i. Evidence of prolonged and excessive use of alcohol with decreasing work efficiency and possible marital discord.

These same characteristics are usually seen in the serviceman who is frequently UA, fails to perform his assigned duties without someone standing over him, and frequently blows up at anyone who gets in his way. Impulsive, unpredictable, immature behavior does not recommend such a person for an assignment requiring responsibility or reliability.

9. Diagnostic Terms. The American Psychiatric Association Diagnostic and Statistical Manual lists many diagnostic types under the heading of "personality disorders." Some general descriptions will be given in an effort to assist the line officer or responsible seniors in identifying this type of individual.

a. Impulsiveness. The impulse-ridden individual does not plan his destructive acts over a period of time but acts on sudden impulse. A possible exception is the pyromaniac or firebug; but even in this instance, while the desire or impulse to start a fire may be present, the precise site is not generally planned in advance. This situation is different from arson, where the goal is financial gain or criminal sabotage. The arsonist group includes, for example, a group of angry employees or enemy agents firing a mill or industrial plant. Only a close study of the individual's life history - developmental, academic and occupational - can provide indication of proneness to impulsive destructive acts.

b. Self-Destructive Acts. There are instances in the military service of those individuals who will pull a grenade pin to see what will happen, or play "Russian Roulette." These are examples of impulsive, immature or poor judgment - since in almost every instance the service member has been trained and warned that such an act may be self-destructive and is punishable by military law.

c. Other Kinds of Impulsive Behavior. Acts which are characterized by exhibitionism such as the non-authorized use of aircraft, or the stealing of automobiles which may be driven at high speeds for the transient apparent pleasure of the immediate company. Some impulsive acts, while destructive, may not result in personal injury but act to the serious detriment of the individual. For example, the General who found two huge initials scratched on the door of the immaculately maintained aircraft he was scheduled to use. The initials belonged to a sentry who guarded the aircraft the night before, and when asked readily admitted to vandalism. Of a different sort are the impulsive acts which constitute vengeful or meaningless sabotage, as when the electrical wiring of aircraft was wantonly destroyed.

d. Motivation. The motivation of these acts is most perplexing. In the instances of personal self-destruction, as represented by "Russian Roulette" or grenade pin-pulling, there is evidence of intense childish "braggadocio" and the need to demonstrate fearlessness. The individual's personal need to demonstrate fearlessness or self-assertiveness must logically be in proportion to an equal or greater sense of personal inadequacy. Resentment toward superiors and authority figures may lead to destructive acts of malicious fire-setting or other acts. However, when long-range planning is involved, the indication is away from the impulse-ridden and toward the paranoid group previously described.

e. Some Other Character Traits Seen in Impulsive Personalities. As previously stated, the identification of this type of individual is best accomplished by a careful review of the past performance

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record and his growth and development during childhood. In the military service such individuals will usually have been identified prior to their being considered for an assignment of reliability. However, it is important that further attempts be made with respect to the occasional individual who escaped early identification. While these clues are not incriminating if one or two are present, attention should be given when there are several clues in evidence.

- (1) History of impulsive behavior in childhood such as theft, running away, vandalism and switch-blade fighting.
- (2) Unusually quick recovery from apparent anxiety, depression, or stress which indicates only a shallow emotional involvement and a quick response to the environment.
- (3) Easy, casual friendships in contradistinction to the paranoid. The impulsive person seeks friends and is superficially very friendly while the paranoid is withdrawn and suspicious.
- (4) Bursts of anger, sulking or pouting over small things.
- (5) Glib explanations for personal errors.
- (6) Deceptive readiness to acknowledge failure or error.
- (7) Persistent boyishness or infectious "charm."
- (8) Playing a role of naivete or innocence, usually calculated to impress colleagues or superiors with one's sincerity.
- (9) Morbid eagerness to gossip with excitement about disasters, catastrophes, acts of violence, or destruction.
- (10) Attempts to play off one group against another, or attempts to obviously or eagerly align oneself on the side of authority or the majority group.
- (11) Shallow loyalties to friends, shifting constantly toward symbols of power or wealth, with rarely solid, continuing, mature, shared respect for others as in a "buddy" relationship.
- (12) Frequent job changes or requests for such, attended by brief bursts of enthusiasm which lapse into poor performance, followed by another burst of enthusiasm and request for a new job assignment.
- (13) Sullen irritability, boredom and restless behavior, with or without outspoken wishes for changes and excitement.

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(14) The tendency to "show off," with resentment of others who may be temporarily the principal focus of the group's attention. It should be noted that under exceptional circumstances, such as general excitement, peril, or imminent catastrophe, these individuals may function temporarily well or even heroically. This is not to say all heros are "impulse-ridden individuals."

Many of these characteristics are seen in varying degree in the adolescent or occasional late teen-ager and hence require evaluation to avoid "permanent" labeling of an individual as "unreliable."

f. Situations Precipitating Breakdown. As in a paranoid state, the following situations may precipitate a temporary but perhaps serious breakdown in impulse control:

(1) Prolonged lack of sleep due to insomnia or lack of opportunity to sleep during emergency situations and overtime job assignments.

(2) Clouding of consciousness by any of the common physiologic causes - severe physical illness, head injury or prolonged water or food deprivation. Perhaps the most important is alcohol intoxication. (Witness the innumerable impulsive destructive acts committed by college boys after football games or the furniture breaking and brawling of the manual laborer on a Saturday night spree).

(3) Social isolation, prolonged boredom, and lack of changes in immediate experience have a debilitating effect upon both impulse control and alertness. Research into this problem, generally referred to as "sensory deprivation" research, has shown that normal men may become disoriented, have hallucinations and even become delusional if kept too long at boring tasks in isolation.

(4) Changes in personal responsibility or rank, especially a demotion, may trigger impulsive destructive acts. Loss of favor with a powerful authority may act in the same way. The sullen response to disappointment and the sometimes excess exuberance following promotion may indicate some danger of impulsive behavior.

(5) Group taunts, skepticism or admiration may cause an impulse-ridden individual to attempt to carry out destructive acts as a method of proving himself.

10. The Semi-Conscious. The third general group of disorders which might lead to unauthorized destructive action, includes some forms of epilepsy, pathological intoxication (crazy drunk), and a collection of emotional reactions characterized by clouding of consciousness

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(for example, amnesia, wandering, change of identity, fugue state). Any individual in the presence of overwhelming anxiety or panic may have impaired awareness. These situations can hardly be anticipated. Normal people recover full awareness when such an emergency is over.

a. Twilight States (Psychomotor Seizures, Automatism, Petit Mal States). These states are not common and fortunately would result in unreliability, at most, only in an accidental, nonpurposeful way.

(1) Twilight states are characterized by a disturbance of consciousness where the individual is not prostrate but acts more or less automatically. Frequently these individuals, just before going into one of these states, may begin smacking his lips which often continues during the attack.

(2) The individual becomes disoriented and is either not at all or only partially aware of his surroundings. He may sit, lie or stand still. He may walk aimlessly, touch objects, fumble with his clothes or undress. He may mumble unintelligible sounds or repeat one or several words (often profanity). If spoken to, he may or may not react. This state usually lasts five to ten minutes, after which the individual becomes quickly oriented.

(3) Other individuals may continue their previous activities mechanically, as for example, a machine operator. Frequently these individuals will continue to walk along the sidewalk, without attracting attention. Later on they might find themselves displaced several blocks. Others may go on longer lasting trips and "find" themselves one or two days later far away from home without any interval memory.

(4) Any indications of these symptoms should alert the Medical Department representative to arrange for a medical consultation.

b. Pathological Alcoholic Intoxication (Crazy Drunk). This somewhat uncommon form of mental disorder constitutes a reason for non-employment based on emotional unsuitability. In these instances, the individual seems to be specifically "allergic" to alcohol. Even with a single drink, large or small, he will suddenly become enraged or extremely excited, confused, agitated or act like a sleepwalker. The behavior of the individual up to the time of the sudden appearance of such an abnormal reaction appears quite usual. History of one well-documented incident of pathological intoxication is strongly suggestive of the likelihood of subsequent attacks. Some authorities have used test doses of alcohol to verify the diagnosis. Fortunately, the illness is quite uncommon. Psychiatric opinion is that pathological

intoxication or "allergy to alcohol" generally does not actually represent a hypersensitivity of the individual to the chemical "alcohol" but is rather a sudden release of unconscious hostility in a potentially aggressive individual under the influence of relatively small (symbolic) drinks. Impulse control is lost and destructive acts or aggressions against others occur.

c. Chronic Organic Diseases. Such diseases as cerebral arteriosclerosis, brain tumors and brain atrophy (shrinking brain without arteriosclerosis), are characterized by stupid behavior, forgetfulness and exaggerated or inappropriate sentimentality. The picture is that of senility but is seen in those not chronologically old.

d. Fugue State. Emotional reactions without clouding of consciousness and some degree of unawareness of what is actually going on are called "fugue states." They occur in overly dramatic personalities trying to defend themselves against great unconscious emotional conflict. These individuals, failing to defend themselves from the conflict, develop reactions of aimless running or walking, repetitive actions or amnesia. An example is the individual who takes a train, plane or bus trip to another city and cannot remember his name when picked up by the police in a strange city. "Sleepwalking" is probably a closely related phenomenon. A known predilection to fugue state or psychomotor epilepsy or any other condition of lessened awareness is incompatible with sensitive assignments.

II. Prevention. In the prevention of unauthorized destructive acts due primarily to emotional disorders, the paranoid group has the greatest potential for bringing about a catastrophic unauthorized destructive act. The impulse disorder group, as in civil life, might contribute more to the incidence of all unauthorized destructive acts, but because of the latter being less deliberate and less planned, the total destructiveness would probably be less. To avoid unauthorized destructive incidents, only those individuals whose past history and present performance show no evidence of such patterns of behavior should be used in all those nuclear occupations which require complex, smoothly organized patterns of thought as well as digital dexterity and controlled bodily movement.

a. General Rules. Prevention of unauthorized destructive acts is best accomplished by keeping in mind the following:

(1) Routine, rigorous, screening procedures including a review of records and a continuing evaluation of all such individuals by discerning and informed superiors. This is not only to check individuals but also to prevent and alter those situations, environmental

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or personal, which seem to encourage or precipitate deranged behavior.

(2) The development of group spirit, morale and goal orientation toward success through personal leadership will lessen the likelihood of individual failure. An individual who lacks the potential for fully healthy group membership becomes much more obvious in a highly successful unit.

(3) Impaired judgment may well result if a person is preoccupied with situations involving blackmail, extortion, or fears disclosure of facts regarding sexual abnormality, drug addiction, or past criminal behavior. This is true of other situations of personal stress as in investigations, trials or hearings.

(4) Some of the common stressful human situations which may touch off emotional disorders include recent bereavement, first pregnancy of the wife, birth of the first child, severe illness of a close relative, demotion, or failure to receive an expected promotion.

b. Additional Clues of Stress. The following additional clues are signals of individual distress:

(1) Preoccupation with thoughts, daydreaming, etc.

(2) Change in behavior patterns related to speech, such as a talkative person becoming quiet or vice versa.

(3) A tendency to talk at length about personal activities or habits, such as drinking, gambling and the like.

(4) Changes in daily routine. For example, a gambler trying to recoup may be calling his bookie every day at the same time; or a sudden influx of unopened mail or telephone calls may indicate trouble with creditors or collection agencies.

(5) The depressed individual contemplating suicide will generally tell someone of his plans or feelings. This may be anyone he knows - family, friend or supervisor. The opinion formerly held that individuals never mention serious suicidal preoccupation has been proven largely erroneous.

(6) Changes in mood, from elation to depression or back again, with little or no apparent reason or frequent changes of mood in the same day. Marked mood changes without external cause should be investigated.

(7) Complaints of sore back, vague abdominal pain, severe insomnia, and tremor of the hands all suggest an emotional disturbance and may call for medical and a psychiatric examination.

12. Continued Surveillance

a. Need for Continuing Evaluation. In accordance with OPNAVINST 5510.83, continuing evaluation of the behavioral and emotional reliability of personnel has been established as a function of command. This evaluation provides a method for identifying those individuals who by some manifestation of behavior demonstrate that they no longer meet the required standards. Once these individuals are identified, transfer or disposition can be made in accordance with OPNAVINST 5510.83. This evaluation is established to provide the commander with a method of insuring optimum reliability in the human element of the command. However, to make this program efficient, all members of the staff must constantly be alert to the signs and clues previously discussed in this manual.

b. Need for Alertness and Good Judgment. Members of a team working together for the common good develop strong ideas of loyalty. These feelings may at times cause fellow team members to cover up the abnormal behavior of some of the group. Hence, constant alertness, observation and understanding as to the goals of and requirement for the program are necessary. Personal knowledge of some of the more common early signs that stress is decreasing the effectiveness of an individual can only be obtained in the setting of educated cooperation. The morale of any unit would suffer if the members were expected to report constantly on each other's behavior. Only good judgment by all concerned will indicate when to report and when action should be taken. For example, a person with several years of service may begin drinking to excess, coming to work late, or behaving irritably as a result of some personal problem he cannot resolve. Although friends may be expected to protect him for a time, this information will eventually reach the commander or his staff. With proper medical or other help, the individual may be restored to his former effectiveness; if not, he must be removed from the program. The timing of the intervention of the commander should reflect the sensitive nature of the assignment.

c. Awareness of Stress. It has been repeatedly demonstrated that long periods of stress lower efficiency. This stress can be external, i.e., long working hours, family problems, or the prolonged boredom of certain assignments. Stress can also come from within, causing the individual to be preoccupied, anxious, irritable and generally less effective. For instance, an individual worrying

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because of a sick wife or child, or because he has not been selected for promotion, may not give full attention to his work. Under sufficient stress, what may have been minor neurotic problems often become more severe and, for example, some individuals may react to stress with impulsive or other inappropriate behavior.

d. Solving Personal Problems. When an individual is less effective than usual; shows signs of an emotional disturbance or impulsive behavior; or is temporarily overworked or distressed by a personal or domestic problem, the commander can help in many ways. A review of the facts will indicate whether the problem can be solved short of reassignment. For example, a man worrying about a dying parent does not necessarily need reassignment. However, the relationship of such life situations to a sensitive assignment must always be considered.